

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$560.00 for dates of service 03/01/02, 03/08/02, 03/14/02, and 03/22/02.
- b. The request was received on 07/02/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/31/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/31/02. The response from the insurance carrier was received in the Division on 08/06/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor did not submit a position statement.
2. Respondent: Letter dated 08/05/02.

“This carrier denied the charges a[sic] unnecessary. The requester did not request an independent review regarding the medical necessity therefore; the Commission has no jurisdiction to proceed with review. TWCC Rule 133.308 (f) states, ‘A request for independent review must be filed in the form, format, and manner prescribed by the Commission.’ No such request has been made.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 03/01/02, 03/08/02, 03/14/02, and 03/22/02.
2. The denial listed on the EOB is “RG-THE TREATMENT/SERVICE PROVIDED EXCEEDS MEDICALLY ACCEPTED UTILIZATION REVIEW CRITERIA AND/OR REIMBURSEMENT GUIDELINES ESTABLISHED FOR SEVERITY OF INJURY, INTENSITY OF SERVICE AND APPROPRIATENESS OF CARE.”
3. Even though the Carrier has used the denial code of “U” for the DOS in dispute, there was no explanation for the denial code. Therefore the denial code of “RG”, with the explanation mentioned above will be used.
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
03/01/02 03/08/02 03/14/02 03/22/02	97110	\$140.00 \$140.00 \$140.00 \$140.00	\$0.00 \$0.00 \$0.00 \$0.00	RG RG RG RG	\$35.00 (15 minutes)	MFG MGR (I)(A)(10) CPT descriptor	<p>The provider billed CPT code 97110 in accordance with the Fee Guidelines.</p> <p>“Procedures (Supervision by the doctor or HCP, in either a group (97150) or one-to-one (97110-97139) setting is required.”</p> <p>The notes are descriptive of modalities performed, length of procedures, and response from injured worker on how the therapy session helped the claimant.</p> <p>However, the SOAP notes do not support any clinical (mental or physical) reason as to why the patient could not have performed his exercises in a group setting, with supervision, as opposed to one-to-one therapy. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution Division indicate overall deficiencies in the adequacy of the documentation of this code. The disputes indicate confusion regarding what constitutes “one-on-one.”</p> <p>The Medical Review Division has reviewed the matters in light of all of the Commission requirements for proper documentation and concludes, there is insufficient documentation to allow reimbursement beyond one unit on each date of service. It would appear logical to reimburse 1 unit of a 1-1 code in order for the therapist to instruct the claimant on the exercise and to make sure that the claimant is doing them correctly.</p> <p>Therefore, reimbursement for the DOS listed is recommended in the amount of \$140.00. (\$35.00 x 4).</p>
Totals							The Requestor is entitled to reimbursement in the amount of \$140.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$140.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 05th day of December 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb